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ABSTRACT

Physicians have developed and tested a profile to be used by parents and professionals to help identify potential teenage suicide victims. The profile was developed using a study of 27 male and 37 female teenagers hospitalized in the Children's Psychiatric Hospital at the University of Michigan Medical Center. Adolescents were shown to be reliable reporters of information used to determine suicide potential. Talk of harming oneself, depressed mood, lack of a sense of pleasure, social withdrawal, decreased school performance, and a noticeable increase in substance abuse may be indicators of a potential suicide. Depression and drug or alcohol abuse was a particularly dangerous combination. Two types of suicidal teenagers emerged. The first is a teenager who seems to be doing well with friends, school, and other aspects of life. A marked behavior change occurs in which the adolescent's school performance falls, his hygiene decreases, he withdraws socially, he has problems sleeping, and he begins losing weight. This type of adolescent may have a chemical imbalance favoring suicide. The second type of suicidal teenager has not done well in school, may have a learning disability, and exists on the fringe of social activities. This student begins to see himself as others do, as a loser. Teenagers are killing themselves at much higher rates than they were just 30 years ago, possibly due to the fragmentation and instability of communities and families today. (The profile of a potential suicide is included and is arranged as a list of symptoms in the categories of depression, loss, psychiatric history, stress, and substance abuse.) (ABL)

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APRIL 1986:

HOW TO FIGHT TEENAGE SUICIDE

A PARENTS' GUIDE TO THE DANGER SIGNALS (Sidebar)

By [David A. Friedo]

TEENAGE SUICIDE

Can suicidal behavior among teenagers be spotted in time?

Physicians at the University of Michigan Medical Center think so and have developed and successfully tested a profile to help identify potential teenage suicide victims. The test can be used by both parents and professionals.

The U-M profile is the result of the first study of the clustering of key symptoms associated with teenage suicide--depression, loss, stress and history of suicide attempts and substance abuse.

"Perhaps the knowledge that psychiatrists working with troubled teens can use this information to help them identify potential suicide victims is the best thing to come out of the study," said Norman Alessi, M.D., assistant professor of psychiatry at the U-M Medical Center, who led the research project. "It could even help parents and friends of troubled adolescents."

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The cases of Mike and Sally illustrate the lives of teenagers in danger.

Mike Y., a popular, handsome, well-dressed, athlete starred on the swim team. His parents were both successful attorneys who had given Mike everything, expecting that he would go as far or farther in life than they had. At 17 he was an A student, a perfectionist setting high standards for himself and others.

What a shock for everyone, when, after hearing about the suicide of a casual acquaintance, Mike slid into a deep depression. Although he had not known the girl well, Mike acted deeply hurt and extremely concerned about the tragedy. His psychiatrists believed that he "translated" his own fear of killing himself into an obsessive preoccupation with another person's suicide. Mike's obsession became so total that he lost the ability to function at home, at school and with his friends.

One evening when his parents were at a party, Mike downed a half dozen of his mother's sleeping pills. Although he recovered quickly from the overdose, his parents didn't believe that he really was suicidal and were reluctant to hospitalize Mike for psychiatric care. Though they eventually agreed, Mike's therapy did not go well.

With his parents' backing and against his doctor's advice, he left the hospital. Mike and his parents sought no further treatment. One year later his second suicide attempt succeeded.

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Then there was Sally W., 15, a moody and sensitive girl. When she was eight years old, her parents divorced and she lost contact with her father. The loss hurt her deeply. Sally was thrilled when a man who lived next door befriended her, becoming a kind of substitute father.

Then one day this loved and trusted friend took advantage of Sally sexually. Soon afterwards she found herself feeling depressed, guilty and ashamed. Usually popular with her classmates and friends, Sally gradually withdrew from them. She began to use marijuana constantly.

Her schoolwork dropped from the A-B level to near failure. She became depressed and, at times, the pain grew almost intolerable.

One morning she woke up feeling guilty and very low. She called a friend and smoked two marijuana cigarettes. The black mood she found herself in persisted. She went to her mother's room and located a small handgun her mother kept in the house for protection. She shot herself in the abdomen.

Sally's suicide attempt did not succeed. Fortunately, she received the psychiatric treatment she needed to begin overcoming her problems.

Sally and Mike fit very well into the profile developed by Dr. Alessi and his colleagues at the U-M Medical Center.

The teenagers were popular, successful in school and seemingly well-adjusted. But when a stressful event that they couldn't handle came along, they quickly ceased to

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function. Everything in their lives went downhill--school, friends, and family relationships. Both turned to drugs, in part to relieve their emotional pain and in Mike's case, as a cry for attention and help.

"In retrospect," Dr. Alessi said, "Mike, like Sally, was an extremely vulnerable person." Influenced by his parents, Mike had set expectations for himself that he believed inside were impossible to fulfill. Like Sally, he collapsed emotionally under the strain of a stressful event. Unlike Sally, he wasn't able to look honestly at his problems and vulnerabilities so that therapy could progress. "A big problem," Alessi said, "was that Mike's parents could never really believe that his condition was as desperate as it really was. His parents could not let go of their high expectations, and as a result they lost their son."

Dr. Alessi, who is director of the Child and Adolescent Affective Disorders Program at the U-M Medical Center, and Douglas R. Robbins, M.D., former assistant professor of psychiatry at the U-M Medical Center, developed their suicide profile from a study of 27 males and 37 female teens who were hospitalized at the U-M Medical Center's Children's Psychiatric Hospital.

The goal of the study was to determine the behavior among teenagers that highly correlated with suicide attempts.

"Our analysis of the data shows that adolescents can be reliable reporters of information that could be used to

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determine suicide potential," Dr. Alessi said. "We also were able to successfully identify the symptoms clinicians should be sensitive to when assessing a potentially suicidal adolescent."

The U-M Medical Center study shows that teens should be taken seriously when they talk of harming themselves and identifies a number of symptoms common among those who have attempted suicide.

Dr. Alessi said that examples of important clues to watch out for are depressed mood, anhedonia (lack of a sense of pleasure), social withdrawal, decreased performance in school and a noticeable increase in substance use.

The researchers found that the combination of a depressed mood with drug or alcohol abuse is the deadliest combination. "Those teens who tried suicide most often, who were most serious about suicide and who came closest to death, were all abusing drugs or alcohol and depressed at the time," Dr. Alessi said. "We did not address whether the substance abuse brought on the depression or vice versa, but it appears the depression often comes first and then substance abuse can begin as a form of self medication."

In his research, Dr. Alessi found two general types of suicidal teens. One is the teen who seems to be doing well with friends, in school and in the other areas of his life. Then, this teen undergoes a marked change. School performance falls, personal hygiene decreases, he or she

withdraws socially, has problems sleeping and begins losing weight. Mike fits this profile.

"Many of these teens have a biological disposition favoring suicide", said Dr. Alessi. "A chemical imbalance develops in the brain. Usually there is a history of depression, alcoholism and suicide in their families. Some of these people are being treated now with drugs to help restore the chemical imbalance, but much more research is needed to effectively help these people, who are considered biological time bombs."

The second type of suicidal teen is one who has not done well in school. This teen is found on the fringe of social activities and may have a learning disability. "People around them usually see this teen as a loser, not as an accepted person," said Dr. Alessi. "This teen feels tremendous despair because he begins defining himself according to how others see him. This teen also seems to have a higher potential for suicide."

The study did not investigate why more teens are committing suicide.

"Teenaged males are killing themselves at four times the rate they did just 30 years ago while the rate for teenaged females has doubled," Dr. Alessi said. "I would guess that the reasons behind the increased suicide rate among teens are the fragmentation and instability of communities and families today. There's an enormous amount of chaos in the families of disturbed teens."

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Parents Guide (Sidebar)

Norman E. Alessi, M.D., assistant professor of psychiatry at the U-M Medical Center and director of its Child and Adolescent Affective Disorders Program, has developed a profile to evaluate the risk of teenage suicide. The profile can be used by both parents and professionals.

Dr. Alessi advises that if a lay person senses that a teenager is depressed, usually that teen is even more depressed than the friend or parent suspects. "Parents sometimes don't want to acknowledge that their child has a problem," Dr. Alessi warns.

No single item on the list necessarily represents a suicide threat, but when a number of them occur simultaneously, the risk of suicide increases.

Depression:

* Teen appears depressed and withdrawn
* Teen refuses to interact with friends and family
* Teen loses his appetite or cannot sleep
* Teen shows a sense of hopelessness

Loss:

* Teen expresses great sorrow or despair over a separation from friends or family
* Teen receives disappointing news from friends, family, or others

Parents Guide Sidebar--2

History:

* Teen's relative or close friend attempts or actually commits suicide
* Teen has a history of substance abuse
* Teen has suicidal thoughts or has already attempted suicide
* Teen has previously undergone psychiatric treatment

Stress:

* Teen has been sexually assaulted
* Teen has been humiliated by peers
* Teen has recently been severely disciplined by family or school officials

Substance Abuse:

* Sudden increase in substance use

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chart

The Major Categories of Suicide Symptoms